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62. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures. X <u>I.M. Provider</u> <u>87654321</u> <u>MM/DD/YYYY</u> Signed (Treating Dentist)    License #    Date (MM/DD/YYYY)		63. Address where treatment was performed	
64. City		65. State	66. Zip Code